

## **HEALTH COMMITTEE of the Suffolk County Legislature**

### **Minutes**

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Media Room, First Floor of the H. Lee Dennison Building, Veterans Memorial Highway, Hauppauge, New York, on **November 15, 2000**, at 9:30 A.M.

#### **Members Present:**

Legislator Ginny Fields - Chairperson  
Legislator Brian Foley - Vice-Chair  
Legislator Michael Caracciolo  
Legislator Joseph Caracappa  
Legislator Andrew Crecca

#### **Also in Attendance:**

Paul Sabatino - Counsel to the Legislature  
Mary Skiber - Aide to Legislator Fields  
Kim Brandeau - Budget Analyst/Budget Review Office  
Marla Musgnug - Aide to Presiding Officer Tonna  
Chris Reinmann - Aide to Presiding Officer Tonna  
Bonnie Godsman - County Executive's Office/Intergovernmental Relations  
Dr. Clare Bradley - Commissioner/Department of Health Services  
Robert Maimoni - Administrative Services/Dept of Health Services  
Irene Thurman - Division of Mental Hygiene/Dept of Health Services  
Dr. Scott Campbell - Entomologist/Department of Health Services  
Dominick Ninivaggi - Department of Public Works/Vector Control  
Bob Vanson - Resident of Bohemia  
Bernie Kirschbaum - Mental Health Association  
Reva Goldberg - Mental Health Association  
Blance Mulholland - The Gray Panthers  
Emi Endo - Newsday

#### **Minutes Taken By:**

Alison Mahoney - Court Stenographer

(\*The meeting was called to order at 9:50 A.M.\*)

CHAIRPERSON FIELDS:

We'll call the meeting to order. Please rise for the Pledge of Allegiance to be led by Legislator Caracciolo.

Salutation

Dr. Bradley, I guess we'll start with asking if you could come up and just respond to a couple of our questions.

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

Thanks. Good morning.

COMMISSIONER BRADLEY:

Good morning.

CHAIRPERSON FIELDS:

Do we have an update on the family -- on the Bay Shore Health Center?

COMMISSIONER BRADLEY:

Do you want me to recap it all or just -- okay. Several months ago we started receiving air quality complaints from staff in the Bay Shore Mini-Center, which we refer to as the mini-center. Environmental Quality staff went in and started doing air quality testing and did identify some chemicals within the air at low levels, formaldehyde, aldehyde, a couple of other chemicals.

Around the same time, we also reached out to Touro to get some information so that we could understand the heating, ventilation and air-conditioning components of the system to better understand what might be going on, to try to understand what's going on the other side of the building. OSHA had been called in, PESH had also come in; neither PESH nor OSHA have submitted a final report on their investigation. OSHA was again in last week and although we're in communication with them, we have no record of what they're going to be saying on the record.

We had an evacuation several weeks ago because of a smell in the building and it was a gas-like smell, so the prudent thing to do was to evacuate; and interestingly enough, we evacuated our side of the building, Touro did not evacuate. At that point, they found some containers of gasoline material without appropriate covers, and that was identified actually by Fire Marshals, and that had been corrected. There was also the identification of a chemical on that day, Methylene Chloride, which was very high and it was traced back to a cleaning of an air handler; when we've done subsequent testing the value had come way down. So our understanding is that they were doing some cleaning of the air handlings, the system was on when they were cleaning and that chemical went through the building.

At that point, we had gained entrance so that we could do a tour of the building with our environmental quality staff to kind of go

through the building and on what we saw, we identified some things that were a concern. At that point, we also were able to receive the HVAC plans of the entire building. Public Works has looked at the plans and done a critique of the plans and identified issues that they think are of concern and that they think may be related to the air quality problems that we're experiencing in the building. So we reached out to the County Attorney's, we sat down with them, told them what we have -- and this is a leased building, it's not our building -- and we asked them on our behalf to contact Touro.

There was a meeting with Touro last week with the County Attorneys, with our staff, with Public Works staff. We brought to their attention what our concerns are, we recapped everything that has gone on and we shared with them our interpretation or Public Work's interpretation of the HVAC system in the building. They appeared to be agreeable, they have an independent engineer, the next step was that Public Works engineers and Touro's engineers were going to be sitting down hopefully with the end product of remedying what we think are deficiencies or problems in the building that need to be corrected. One other meeting that I also had was I met with the occupational providers who are doing health assessments on some of the employees that have been complaining, and we've been in communication with them

also.

So right now we're waiting for the engineers of Touro and engineers of Public Works to hopefully come up with an agreement of what needs to be done in the building. And we're still waiting for OSHA's report to come out, I don't think it's going to be fruitful because of the levels of the chemicals that we're finding, I don't think OSHA's going to take any action, but we're still waiting to hear on that.

(\*Legislator Foley entered the meeting at 9:56 A.M.\*)

CHAIRPERSON FIELDS:

Do you have any idea when OSHA is going to come out with their report?

COMMISSIONER BRADLEY:

No, no.

CHAIRPERSON FIELDS:

No idea at all.

COMMISSIONER BRADLEY:

No. They came in the building again last week, but I don't know.

CHAIRPERSON FIELDS:

Okay. Thank you.

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

Anybody have any questions?

LEG. CARACCILOLO:

Yeah, I have a question. Commissioner, do we have air monitoring devices in the building?

COMMISSIONER BRADLEY:

Yes.

LEG. CARACCILOLO:

We do.

COMMISSIONER BRADLEY:

Yes, we're continuing to monitor because although we found things not at levels anywhere near OSHA standards, we're still testing. I mean, we may find something some day that's very alarming and that would send us down a different road.

LEG. CARACCILOLO:

Okay. So with the exception of that one occasion when you had to evacuate the County portion of the facility, there have been no other occasions where someone's health may be at risk as a result of conditions in the facility?

COMMISSIONER BRADLEY:

Not based on the levels that we're finding, but there are people who are complaining and I -- they have true problems with being in the building.

LEG. CARACCILOLO:

What kind of complaints and symptoms?

COMMISSIONER BRADLEY:

Non-specific type upper respiratory is the broadest and the smell of chemicals is probably the most common complaint.

LEG. CARACCILOLO:

And does the system, the HVAC system have any type of air filtering devices?

COMMISSIONER BRADLEY:

Yeah, but I'm not the best person to talk in detail about the HVAC system. But as I said, Public Works did identify what they think are problems with the system.

LEG. CARACCILOLO:

Okay. Are the problems emanating from Touro's Health Scientist Center or are they emanating from our offices, or have we pinpointed the area where the problem is emanating?

COMMISSIONER BRADLEY:

The biggest problem that we have that we believe is the culprit is the autopsy room where in the health science part of Touro they're doing autopsies, with the ventilation from that room out we think is the

biggest culprit.

LEG. CARACCIOLO:

Okay. Yet their students/faculty have not experienced any symptoms or complaints?

COMMISSIONER BRADLEY:

That's what we're being told, but they wouldn't complain to me necessarily. But that's what we -- we've asked that, we said, "Is anyone complaining on the other side of the building," and the response from Touro is no.

LEG. CARACCIOLO:

And how many students/faculty occupy the facility at a given time?

COMMISSIONER BRADLEY:

I don't know, I really don't know that.

LEG. CARACCIOLO:

Okay, thank you.

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

Anybody else? Okay. The second thing we have, and I -- were you going to give us a tobacco settlement money?

COMMISSIONER BRADLEY:

Sure.

COMMISSIONER BRADLEY:

Okay. I know some of this is repetition. The program is basically broken down into four components and in many other components there's overlap from program to program. School Based Education Program, cessation, public education and information which is really -- the

main part of that is a multi-media campaign, and enforcement.

The first part of the program is the school education component of the program and it is the development of a Kindergarten through Grade 12 Smoking Education Program. We will be working and have been working with and we're in the final stages of the development of a contract with the New York State Education Department working through their Coordinated School Health Center formerly known as Comprehensive School on Health and Wellness Center. And as I discussed at previous meetings, I think when I originally -- when we originally planned this program, we thought we would have a set program when we would go into all of the different districts and we learned quickly that there's huge variations from district to district, there's different levels of acceptance of having us come in. Many of the schools have said to us, "We don't have time in the day when you can come in and do such a program. Could you come in and do continuing education of our providers of our teachers so that they, through the lesson plans, could do that?" So it's going to be that the programs that are offered to the schools will be a menu and they can pick, we're going to be developing many different ways of getting the information through to the students, and really it's that the districts are going to be in the driver's seat on terms of what programs that they pick. We will

have programs that have been proven programs, so we're not going to allow them just to do something that we don't have some evidence will work, but they will be a major part of deciding what program they will have.

LEG. FOLEY:

When you develop that, will you present that to the committee?

COMMISSIONER BRADLEY:

Yes, absolutely.

LEG. FOLEY:

Okay.

COMMISSIONER BRADLEY:

The start of the School Education Program is a Suffolk County survey

and we have statistics of attitudes and practices of kids in terms of smoking, but we don't have anything that's specific to Suffolk County and we felt like we needed that to fine tune our program. This is actually going on now, and we originally were going to put out an RFP to have someone do this for us and the Center for Disease Control came forward and said, "We'll do it for you", they will not ask for any money, that they will work with the design of the program and the implementation and the analysis of the program.

LEG. CRECCA:

Commissioner, I don't know if you are aware of the Pride Survey.

COMMISSIONER BRADLEY:

Yes.

LEG. CRECCA:

I know some school districts participated in that

COMMISSIONER BRADLEY:

Yes.

LEG. CRECCA:

Do you know roughly how many and have you gotten those -- that information from the Pride Surveys?

COMMISSIONER BRADLEY:

We have some of that information, we didn't think that it was uniformly administered so that we could address the whole Suffolk County issue.

LEG. CRECCA:

Okay.

COMMISSIONER BRADLEY:

Unfortunately, the head of the Tobacco Program twisted her ankle yesterday, otherwise she would have been here today.

LEG. FOLEY:

Was she running after someone, a minor who was smoking publicly?



COMMISSIONER BRADLEY:

As I said, this survey is going on currently now and we're using Health Education staff as well as Civil Service proctors who are helping us with the administration of the program. We are also -- and when I said there's a lot of overlap from the different programs, in the school based program we are offering cessation because there are many kids that are already addicted and about ten of the districts have said, "Yes, please, we want you to come in and offer this program to our kids that are smoking and want to stop."

LEG. CRECCA:

Is that at any cost to the school districts?

COMMISSIONER BRADLEY:

No, it's all being funded by the tobacco settlement moneys.

LEG. FOLEY:

Just through the Chair, if I may, and if we could follow in this format so we can ask questions as you're presenting it. You mentioned earlier that a number of schools, because of all the other let's say Regents requirements and other requirements through the State, that it will be difficult to incorporate this into their regular curriculum?

COMMISSIONER BRADLEY:

It would be difficult to add it. You know, they say there's no extra time in the day where we can just do tobacco ed, some school districts say that.

LEG. FOLEY:

Right.

COMMISSIONER BRADLEY:

And what they would prefer is to somehow incorporate it into the daily lesson, so let's say it gets incorporated into a science lesson.

LEG. FOLEY:

Okay. Well, what was the other approach that the department --

COMMISSIONER BRADLEY:

That we would just come in and through assemblies, through presentations provide information to the kids. Some of the districts have said, "That's the only way it's going to happen in our district."

LEG. FOLEY:

Because?

COMMISSIONER BRADLEY:

Because they just -- they don't have the wherewithal to try to develop it into their curriculum.

LEG. FOLEY:

Even though the most effective way is to develop it into the curriculum. One of the points that we've made in the past, through the Chair, is while we understand and respect the fact that a number of districts have so many even newer let's say requirements from the State Ed Department and so forth, that -- and maybe this should be

done through the Health Department as well as through various local Legislatures or city governments in the State to -- is to impress upon the State Education Department and the Governor's Office that as important as this issue is and the amount of money that's being given to this particular State and to the localities, that the Board of Regents as well as the whole Education Department, but I guess it would be the Board of Regents, should look very carefully at amending let's say what's required to teaching schools to make this part and parcel of the fabric of instruction so that it's not just done assemblies, which is important, those things are important. While we understand that we don't want to add anything more to districts because they are inundated now, particularly with some of the new rules that Commissioner Mills has foisted on them, but the fact of the matter remains this is such a critically important issue by virtue of the amount of deaths in the State, the monies that are now available, that through the Health Department and, Madam Chair, through the Legislature and through other means, we should really try to prevail upon the State to pass whatever is required to be passed, particularly through the Board of Regents, to ask them to inculcate this, to have this as part and parcel of the overall instructional curriculum that's to be developed through all the school districts.

So if you could also, through your offices, pass that on to those who need to know those things, we'll do it from this end. I believe that would be the most effective way of doing it, as opposed to leaving it at the discretion of each of the districts.

COMMISSIONER BRADLEY:

Another body that's very interested in doing that is the PTA's who see it as very important and I think they're another voice that could also put a little pressure on the State.

LEG. FOLEY:

And they would like to see it happen, Commissioner, they would like to have this part of the every day curriculum?

COMMISSIONER BRADLEY:

Yes, I believe so, yes.

LEG. FOLEY:

Okay. All right, thank you.

COMMISSIONER BRADLEY:

Sure. Okay, within the school aged program is youth empowerment, and this is a program that we've used in HIV prevention and it's been very successful. That we develop ambassadors or leaders among the students who -- so they're not only hearing it from us, they're not only hearing it from the teachers, but they're hearing it from their peers. I think all of us who have kids know that there's a point in these kids lives where they listen more to their friends than they do to their parents or to their teachers; you'll know soon, Kim. So this is just an adjunct to the program.

Okay, the second part of our program is the cessation part, it is the part that has taken off the most significantly. Right now we can't keep up with the demand of individual residents who want to come to us

for cessation. Our program is based on behavioral modification. The sessions are about six to eight weeks, for those people who it is indicated, we offer pharmaceuticals to them free of charge through the program if their insurance does not provide it. As I said, the demand is very high. We will go anywhere to provide this, we will go to libraries, we will go to work sites, we're doing it in the health centers, hospitals, drug treatment programs. You want to ask me a question, Brian?

LEG. FOLEY:

Just on that point, through the Chair again. Is there a backlog of cases, are we --

COMMISSIONER BRADLEY:

Yeah.

LEG. FOLEY:

Are we matching demand with the programs, or how far behind are we?

COMMISSIONER BRADLEY:

I don't know the exact backlog. We had --

LEG. FOLEY:

Well, that would be important to know. Are we talking about a backlog of weeks, a backlog of months, and could you give us --

COMMISSIONER BRADLEY:

Probably months at this point.

LEG. FOLEY:

All right. That being the case, what plans are being developed to try to cut down on the backlog?

COMMISSIONER BRADLEY:

Okay. We originally had plans to hire more County staff, we had put in some requests in our 2001 Budget for new staff to be able to meet the need, and we didn't get that staff.

LEG. FOLEY:

How many was that now?

COMMISSIONER BRADLEY:

It was probably two, two or three, it was a Nurse Practitioner, a Nurse Practitioner is key in the program, and a Health Educator I believe.

LEG. FOLEY:

You need three people.

COMMISSIONER BRADLEY:

Yeah. Now, the other option that -- because once we realized we weren't going to get the staff, was to do it through a contract agency, possibly go out -- I know that there are some agencies that would be interested in doing it and I don't have a problem going either way, you know, if the decision is made not to give us any more staff for that. We do have monies for contract agencies.

LEG. CRECCA:

Yeah, I was just going to suggest, the American Cancer Society runs a great Cessation Program, graduate. But seriously, I mean, that might be a more cost effective way to do it, wouldn't it?

COMMISSIONER BRADLEY:

And I have no problem, I have no problem with that at all. And I think there's some concern among the County Exec and the Leg staff that they don't know how long the money is going to be guaranteed, the tobacco settlement, so it might be easier and more flexible if we do it through a contract agency; I don't have a problem with that at all.

CHAIRPERSON FIELDS:

What contract agencies would you be utilizing to give the program?

COMMISSIONER BRADLEY:

Well, the two that come to mind are the Cancer Society and the Lung Society, those are the two that are the most interested in this subject, they probably have the ability to do it, but if we go with an RFP, it really could be opened up to anyone who might be able to do it.

LEG. FOLEY:

Madam Chair, if I could follow up on that? There's another approach, too. I mean, sure, a contract agency could be helpful and the like, but the fact of the matter is it still can be done in-house. For those three positions, something that's done on a routine basis -- and it's something that I know Counsel has commented on in the past, in this case it may be for good reasons -- there's been plenty of precedent for reclassification of titles. For instance, we had this happen in the Social Services Department and it's happened elsewhere and it happens on a fairly routine basis, while we don't always agree with it, the fact of the matter is that under the Charter, under some questionable judicial rulings, it's allowed to continue.

That being the case, you know, and in your estimation it could be more effective to have the Health Department employees, if you will, do the things that you had proposed in your proposed budget, very early next year if not even the end of this year, within the next number of weeks you could request a reclassification. Because I know that there are a

number of vacancies within your department and with the new budget, hopefully we'll be overriding the vetoes on the budget, but with the new budget for next year there will even be additional positions within your department that would even make it I won't say easier, but there certainly would be more available positions to reclassify three of them for what you're trying to do. Because this other approach with lung or cancer, I don't know how you can get around not doing an RFP, and that being the case, you know, the quicker we move on this the better.

Because I've heard, Madam Chair, just from a number of people through my walks of life where, you know, they want to stop and they're looking for a way to stop, some have said maybe we need to have something similar to a Betty Ford Clinic for smokers. But that being the case, if we have a backlog of months, it really is an unacceptable situation that needs to be remedied as quickly as possible. And I

10

---

think the quickest remedy, Madam Chair, and I would urge the Commissioner, is to immediately put in the paper work to reclassify even three vacant positions this year so that that can be in place by the beginning of next year so you can hit the ground running.

CHAIRPERSON FIELDS:

In the 10 years that I spent in pulmonary medicine, what I found when people were ready to stop smoking was that there was a time element of when they were ready, and if they didn't act upon that thought at that moment they weren't going to be ready, they'd pass right by it and go right back into smoking. And there is a point where you need to be at the right place at the right time to begin that whole cessation program.

The other question I have is how long does it take to train people to give the Smoking Cessation Program?

COMMISSIONER BRADLEY:

Well, it depends, sometimes you hire your own staff to do this kind of stuff.

CHAIRPERSON FIELDS:

Well, let's say it's your own staff.

COMMISSIONER BRADLEY:

Well, if it's my own staff, very likely they may already be educators and I think within a few weeks they could be ready. And we would be looking for someone who has education experience, that's one part. The other part is the Nurse Practitioner who helps with the medical side of the Cessation and the pharmaceuticals and coordinating with the primary care provider. And again, that person is already a Nurse Practitioner, so it really doesn't take that long to get somebody ready. And when we started this program, most of our outreach in terms of advertising the program had been through providers, we sent them all information that we were offering free cessation. We haven't done any other advertising, so once we more advertise that we're providing it we'll have even more people who come to us. Right now we're getting those people referred through their providers, so I think the demand will even go up more and more as time goes on.

CHAIRPERSON FIELDS:

I would think that training our own people to do it is the best thing that we possibly could do and as quickly as we can do it I think would be the ultimate goal here.

COMMISSIONER BRADLEY:

Okay.

CHAIRPERSON FIELDS:

Legislator Crecca.

LEG. CRECCA:

Thanks. The only thing I would say is that wouldn't it make more sense, though, to do the RFP now so that if we need to supplement it with a contract agency we can have somebody ready to go on it, or that wouldn't be practical?

COMMISSIONER BRADLEY:

Well, we could go down both roads, we could attempt to do the earmarking, but normally if we make a decision to do our own we normally don't do both, unless we think if we bring on the three we're

still going to have a need for more, and then we'd want to do some of the contracting out. Actually, I asked my staff, knowing that we didn't get the positions in the budget and it didn't look like we got them from the Legislature, I said okay, our options at this point are to do an RFP to try to get a contract agency. So they're -- and she's not here right now, as I said. So, I mean, we could explore it or we could just decide now go one way or go the other way. I don't think it's really appropriate to go both ways at this point if we're going to bring on the staff, I don't think that's --

LEG. CRECCA:

Which one is more cost effective, or is that hard to say?

COMMISSIONER BRADLEY:

I don't think there's a huge difference in salaries from what community -- these organizations provide staff, I don't know that there's much difference. I mean, we're having a particularly hard time hiring staff, I think all community agencies are having a hard time. I don't think the cost would be much different either way, to be quite honest with you.

(\*Legislator Levy entered the meeting at 10:16 A.M.\*)

LEG. FOLEY:

Generally speaking, just through the Chair, general speaking, contract agencies, particularly in the human and health services field, they have lower salaries and they don't -- or if the salaries are somewhat equivalent, they can't match the benefits of the County.

COMMISSIONER BRADLEY:

Yeah, they don't usually match.

LEG. FOLEY:

So they're at a material -- they're at a competitive disadvantage. That's why both the Chair and I are let's say recommending that we move forward with the public employees.

Now, I must also say, and I'm ready to be corrected, but during the budget committee meeting for the Health Department budget, I don't recall any real discussion about these particular positions for the Health Department; if there was, I'm sure that both the Chair and I and others of the committee would have put in an amendment to do that.

COMMISSIONER BRADLEY:

Right.

LEG. FOLEY:

But with that said, the fact of the matter is even as we speak there



are a number of vacancies within the Health Department and there will even be more vacancies at the beginning of next year that could lend themselves to reclassification.

I just want to follow up with a question that the Chair had asked about the timeliness and how important that is to -- I shouldn't use the word apprehend, but to help those who have come to a decision of trying to stop smoking. If there's months and months backlog, how does the department go about -- when there is an opening, go about trying to bring that person into a cessation program?

COMMISSIONER BRADLEY:

Well, we're not the only provider of cessation, so if we can't address their needs there are some other agencies that provide cessation. So we --

CHAIRPERSON FIELDS:

At no cost?

COMMISSIONER BRADLEY:

I don't know, some of them may be no cost, some of them may be cost.

CHAIRPERSON FIELDS:

So then if -- Legislator Foley is saying that let's say a person wants to do this at no charge and you send them on to someone that charges, they're very possibly going to say no.

COMMISSIONER BRADLEY:

Right. Well, it's not the best choice but it's better than saying, "Well, wait two months until we can get to you."

CHAIRPERSON FIELDS:

Do you have a list, though?

COMMISSIONER BRADLEY:

Yes, there is a list of cessation providers.

LEG. FOLEY:

Right. If I just may follow up again. All right, let's say a few months goes down the line, how do we know that person hasn't fallen through the cracks? How do we -- what kind of follow up is there? For instance, you may refer them to some other programs, the other programs are also, you know, filled, they say, "Well, you know, I don't know how much they charge," but all of a sudden they somewhat lose interest.

COMMISSIONER BRADLEY:  
Right.

LEG. FOLEY:

And I know there's a thing called personal responsibility, but we know because of the addictive nature of this particular drug, there needs to be some external help for these folks as well. So what kind of follow up is there to make sure that those who initially contacted the Health Department to be included in the Cessation Program, that they indeed at some point down the line or immediately did receive -- did get into some program, and if not, then there's an opening at the Health Department and try to persuade them to come in.

COMMISSIONER BRADLEY:

Right. Well, when they call, most people that we can't handle right away -- some of them we can handle right away because we have it scheduled at a site, like say a town or a library and then there's an opening and we say, "Okay, you can go right there." If we can't accommodate them immediately, we take down their name with the hope that we can get to them eventually, so we will go back and make connection with them once we have the ability to address their needs.

LEG. FOLEY:

I got you, okay.

CHAIRPERSON FIELDS:

I'm going to ask that you continue in the essence of time here.

LEG. FOLEY:

Okay.

COMMISSIONER BRADLEY:

Okay, sure. You know, as I've said in previous meetings, the tobacco industry spends billions of dollars a year on advertising their products, and although the intent of the tobacco settlement was that they weren't supposed to market to kids, they continue to do that through the magazines that kids watch, through the type of advertising. So we realize, although we don't normally do a lot of advertising through the media, that to counter the effects of the tobacco industry marketing, we need to do counter marketing. And we have put out an RFP and Christopher Thomas was the advertising agency awarded the contract to do our media campaign. Right now we're doing the final work on that contract with the County Attorney's Office and it's going to be through multiple media. And many of these messages have already been developed, so we don't have to recreate a whole media campaign. Some things will be recreated, but it's more getting it out there, getting it out on certain airways, getting it out through websites, doing that type of stuff. CDC is also consulting with us on our plan. We had conferences Monday and Tuesday, I'm not going to go into detail because they already occurred. We did a youth empowerment conference yesterday with some middle school and high school students.

Okay, enforcement is the last component of our Tobacco Control program. In 1995 compliance checks, making sure that vendors do not sell cigarettes illegally to minors, was at about a 60% level. State grant went into effect in '97 where all the municipalities in New York State got money to do a more formal program in terms of compliance, getting out to every vendor, registering them, trying to figure out who they were. From '97 through '99 our compliance has gone up from 71 to 77 to 84% and this talks about the fines, but 84% still isn't good enough because it means that 16% of the time kids are still able to buy cigarettes from vendors.

LEG. FOLEY:

On that point, you had mentioned earlier in the year that the Board of Health was looking at licensing?

COMMISSIONER BRADLEY:

Yep.

LEG. FOLEY:

County licensing?

COMMISSIONER BRADLEY:

County permitting, yes.

LEG. FOLEY:

All right. Where does that stand?

COMMISSIONER BRADLEY:

We have a -- we have been working on it for many months with the County Attorneys. We now have a final draft that's going to be going to the Board of Health, I believe it's next week or the week, after for the board if they have any final comments, if not we're going to go to a public hearing with the vendors and then hopefully probably February at this point we'll be able to go forward.

LEG. FOLEY:

Could you explain why did it take months to develop the --

COMMISSIONER BRADLEY:

Well, there have been a couple of things at the State level that have changed the way the permit would be in terms of they made some changes with herbal cigarettes. So originally that was just a Suffolk County Law, the State now has incorporated, so that required a little bit a different language. There were some issues in terms of embargoing cigarettes, that the County Attorney said that we weren't providing due process to these vendors and that if they ever took us to court we would inevitably lose, so that we needed to go through a formal process with a hearing before we tried to embargo their cigarettes, so that had to be reincorporated into the final permit. So some of that stuff took a little bit of time, but we now have final product.

LEG. FOLEY:

If, through the Chair, when you do have a final, final product, if you could also, through the Chair, get that for the committee so we could also take a look at that.

COMMISSIONER BRADLEY:

Sure. The meeting I think -- I can't remember whether it's next week or the week after.

CHAIRPERSON FIELDS:

I think it's next week.

COMMISSIONER BRADLEY:

But I have that, I have the final product, I'd be happy to send it to you now. The State has also raised the fines. The State sets the fines, we don't set the fines, so the permit is only to do some things in terms of those people that change their name so that they can get their permit back and so that we can do some enforcement at a local level. It's very hard for a State law to do enforcement at a local level and we have been very frustrated with that. The State has

15

---

raised the fines this year significantly and the penalty, so the fines have gone up and these are the fines that we use. And now not only is their tobacco license at jeopardy, but their lottery license is in jeopardy if they're found in violation of ATUPA.

CHAIRPERSON FIELDS:

Dr, Bradley, Legislator Foley just asked who gets the fines, is it Suffolk County or the State?

COMMISSIONER BRADLEY:

Suffolk County, a general fine.

The other component to the local permit and one of the reasons why we think it's so important is that there are over 2,500 vendors in the County, and it's very frequent that when someone comes in and they're found selling to kids they'll say, "Well, I didn't know that that was the law, I didn't know I couldn't do that." So we're going to be implementing as a requirement of the permit an educational program of all of the tobacco vendors so that they'll understand why this is such an important issue; hopefully it will increase compliance among vendors.

One other part of enforcement is also clean indoor air laws. We get complaints from individual about going into a certain establishment and saying, "People were smoking there, are they allowed to smoke there?" Sometimes there is no law that prohibits it and we just explain to them that there's not much we can do, sometimes someone is breaking a law and we can go in and do enforcement. Some of the

places where we have problems are bingo halls and bowling alleys where tobacco is still allowed at certain times to be smoked and we just try to explain the law to the individuals, and we're still getting complaints about restaurants and we go in and do checks and whatnot, and work sites; again, there's still many work sites where smoking is still allowed. And even though there may be shared office buildings so there may be one work site where smoking is not allowed and one work site where it's allowed, but have a shared HVAC system and unfortunately when you share your HVAC you share your secondhand smoke from one site where it's not allowed and one site where it is allowed.

Okay, this -- one project, program that wasn't identified in what I've already spoken about was reaching out to new moms. We see kind of with immunizations often times we reach out to the newborn to start an immunization program, we started that with Hepatitis B about eight years ago. We decided to reach out to new moms to let them know not only about if they didn't stop smoking when they were pregnant, or if they did stop that they really shouldn't go back, that we offer cessation. And also, more importantly, that they should not allow people to smoke around their children, that secondhand smoke is very harmful to children, and that's one way that we wanted to reach out is to babies born every year.

The mobile classroom is still on target to be delivered in December, it's one of the ways we're going to be providing cessation. And also it's going to be going to health fairs, we've already had requests for 2001 for different organizations that would like the van to come to them.

We have a Tobacco Advisory Committee, it's an open committee, it's made up of different organizations, voluntary agencies, schools participate, PTA's; if anyone is interested, we'd love to have people participate.

For 2000 it is anticipated that we will spend between two and two and a half million, and I tried to break it down but it's hard to break it down from program to program because there's so much overlap among the different programs. We've had some parts of the programs where we didn't have to pay because people have come forward and said, you

know, you're a new program -- the CDC specifically, the funding that we would have had to spend if they didn't do that would have been about 150,000, and also many people have donated software to us.

Some things that we weren't able to do this year that we have on target for next year is working out -- reaching out to work sites and other employers. Even though we need to provide more cessation, I don't think that we're going to be able to provide cessation to everyone, so we'd like to bring some of the larger organizations, larger employers to develop a program on their own, work with them, train the trainers, some of the bigger companies, not some of the smaller ones who can't do it but some of the bigger. And also try to get work sites to go smoke-free, to try to explain to them why it's in their interest in terms of providing health care for their employees, better productivity, less people out on sick time, so these are some things. And also college campuses, we're unfortunately seeing an increase of first time smokers among college campuses, so we want to reach out to college campuses with education about awareness, cessation and we'd also like to give part of our media campaign to that age population. And that's it.

CHAIRPERSON FIELDS:

Thank you. Dr. Bradley, could we get a hard copy of that presentation for the whole committee?

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

Thank you. Okay, and then the other bullet that we have for discussion is mental health funding. I just wanted you to share with the committee the differences in the reimbursement that we had discussed many months ago.

COMMISSIONER BRADLEY:

I have another presentation, would you like me to give it?

CHAIRPERSON FIELDS:

Oh, sure.

COMMISSIONER BRADLEY:

Tom MacGilvray unfortunately is in Albany this week, but Irene Thurman is here from the division, so she may be actually be able to answer questions that I won't be able to answer.

COMMISSIONER BRADLEY:  
Great.

COMMISSIONER BRADLEY:  
Okay, just in terms of an overview in terms of the Mental Health System in Suffolk County, it can be broken down into emergency programs, in-patient programs, out-patient programs and community support and residential programs.

If you look at just the part of the program that's provided by the public in terms of the State and County, it's mainly for adults with severe and persistent mental illness in children and youth with serious and emotional disturbances and their families, and there's many different funding streams. The New York State Office of Mental Health provides funding to the County to operate individual clinical services, but even more money comes through us to fund contract agencies. And the funding can come either local assistance which is State aid, community and support services, these are more for social type programs, reinvestment funding is the funding that has flowed to municipalities with the closure of the in-patient psychiatric hospitals and other straight grant funding.

And then in addition to that is funding that comes through insurance reimbursement, third party payers, which is either Medicaid or private insurers. And this is a breakdown of mental health funding, from State grants, local assistance which is State aid, CSS, Community Support Services and reinvestment funding.

County operated services, those services that are provided directly by the Health Department. We have three Community Mental Health Clinics and as I said, those are triaged more for those with serious and persistent mental illness. We have a Mental Health Unit in the Riverhead Jail, I'll talk a little bit more about that later. With the closure of the in-patient hospitals, we are seeing more and more people with serious mental illness in the Jail Medical Program and it is a very bad, very difficult place to try to provide mental health services to people.

LEG. FOLEY:  
More expensive, isn't it, being in jail?



COMMISSIONER BRADLEY:

Well, because you're providing the jail, yeah. Okay, also have a Training Bureau. We do intensive case management for the County, we have a Mobile Crisis Team and case management which includes not only the original case management but also an assessment and a referral component, and we have a Children's Act Team.

Okay, we contract with 21 voluntary providers in the County to provide mental health services and this is an array of many different types of programs, clinic programs, continuing day treatment, club house and the psychosocial programs, vocational, case management, many different types of programs. And we currently oversee through this process about 130 different mental health programs, there can be an agency that has multiple programs, so that's the disconnect between the 21 providers and the 130 different programs.

Okay. There are many other mental health programs provided within the County which are funded through different types of funding streams. We also have responsibility for planning and coordinating services for the mentally ill. Kendra's Law came into being at the end of 1999, the implementation of assisted out-patient treatment. We're also responsible if there is someone in a jail who needs in-patient treatment and is still an inmate, the County is responsible for that cost. For remands for children, if a child is remanded through the courts for an in-patient stay, we actually now share the cost with the State 50/50.

State OMH still has a very large presence in Suffolk County, they operate Pilgrim Psychiatric Center, Out-Patient treatment programs in several community residences. They contract for emergency services through CPEP at Stony Brook, they license and certify the mental health programs, we do not have that responsibility.

This is a map, and I know it's somewhat hard to see, of in-patient mental health units, and on it you can see the one remaining state psychiatric center, you can see the hospitals with psychiatric units and emergency rooms and you can see South Oaks which is a psychiatric hospital. This is trying to look at individuals with history of mental

health and what we're seeing is a clustering of these problems along the south shore, and some of it coincides with the in-patient hospitals. When they closed, even though people might have been from Rochester or wherever to come here, they stayed here in Suffolk County.

Okay, the State provides in-patient for those patients with serious and persistent mental illness. And three of the largest centers in the New York State were located in Suffolk County, mainly serving New York City residents but also Upstate; Pilgrim which is still around, Central Islip which has been closed and Kings Park which has closed. At its peak, approximately one-third of all institutionalized patients in the State were living in these three institutions which are all in Suffolk County. And as I said, most of these people were not from Suffolk County; in fact, if you look at the 1950 Census, one of every eight individuals in Suffolk County was living in an institution, so it was a huge.

And at that time, the County was mainly providing services for those people who did not have a history of institutional care. And then there have been waves of deinstitutionalization, it started back in the 50's when they started, the state started reducing the size and the capacity of these centers. And as I said, there have been two waves, one in the 70's and one again that began in the 1987's. As I said, although the patients didn't originally come from Suffolk County, many have stayed here in the County. The State with the deinstitutionalization has developed a network, some of this funding was provided for people discharged from State centers through CSS or Community Support Services. Our belief is that the funding for these services was very inadequate.

LEG. FOLEY:

It's been partially addressed.

COMMISSIONER BRADLEY:

It has been partially addressed. You know, Legislator Fields was an assistance with this as well as the previous Chair of the Health Committee and after a lot of coaxing, the State finally agreed that we

weren't being adequately compensated.

Okay, let me just move on. Okay. Transinstitutionalization is the issue of why we're seeing so many of the discharged patients from the State Psychiatric Centers in the Jail Medical Program. They just can't make it on their own, they break the law, it might be a minor thing and they end up in the Jail Medical Program. We have actually been working with corrections, we now have identified a tier within the Jail Medical Program where we can house the mental health patients.

LEG. FOLEY:

Madam Chair, on that point. And as important as it is to be concerned about the programs that are being provided to that class of inmate, has there been any attempt to look at having the State reimburse the County for that portion of the inmate population that's there because of really more for mental illness reasons than for the criminal act let's say? Because I know there's different levels of reimbursement from the State, and the fact of the matter is I don't know, quite frankly, what the reimbursement -- and I will ask you and your staff to look at this -- what the reimbursement rate is to help the County with inmates within our jail system, compare that reimbursement rate to what's the reimbursement rate to give some inmates psychiatric services. And you know, I think the obvious point, but I think it's a legitimate point and what you're leading up to is the fact that this transinstitutionalization in effect is just a continuation of housing the mentally ill.

That being the case, if they're getting programmatic service, then from a budgetary point of view the reimbursements should be of a like kind. Now if there's a high reimbursement to the County under jail -- under an inmate situation that's one thing, but if the County is receiving less aid but providing the same service, then I think really speaks to another issue of if not an unfunded State mandate, then certainly an under funded State mandate. And I'd ask you, through your staff, to look into that and if you can give us an answer at our next committee meeting.

COMMISSIONER BRADLEY:

Sure.

LEG. FOLEY:

Okay?

COMMISSIONER BRADLEY:

A study done by Probation actually showed that one in every six inmates in Suffolk County Jail is seriously mentally ill, so it's a more significant problem than we originally had thought and it's not getting any better. We're right now doing an assessment, now that we

have the tier within corrections I have asked my staff to kind of look at what kind of staff they need. Because right now they're there and we need to provide services for them and as I said, it's a very difficult place, it's a wrong place for a patient with mental illness

if they did not commit a serious crime, it's just the wrong place for them to be. I think there is some interest within the courts in Suffolk County to create a, similar to the Drug Court, a Mental Health Court, try to divert these people away from jail services.

Okay. I don't know that I need to go through all this. This talks about how we had previously been reimbursed from the State, what the prevalence estimates were, and we don't think that they considered the fact that there were these in-patient facilities that were closed. So I think I've already addressed this.

We have finally -- they did it based on percent poverty and percent renters; we don't have necessarily a lot of renters in Suffolk county but we have a huge mental health population. So we have gotten them to agree that they have not been adequately funding us and we have gotten them to change the prevalence estimates for Suffolk County. These are some of the things that they didn't consider, people living in group homes, adult homes; I mean, you have to consider that when you look at the prevalence of mental health patients in the County.

Okay. This I already talked about, I'm not going to go into this just for time. One other point is that there's a process of Medicaiding out different services, services that used to be funded through local assistance or State aid, the State is now saying, "Okay, we're going to reimburse that agency through Medicaid," it's called Medicaiding out. I think some of the providers may say that it puts them a little bit more at risk than when they had guaranteed State aid. And there's also an issue of Medicaid neutrality in mental hygiene, and we don't see it in the other areas, that for new licensed sites, new licensed providers, that the County would have to pick up the State's share; we don't see that anywhere else other than mental hygiene.

LEG. FOLEY:

How are we challenging that?

COMMISSIONER BRADLEY:

Well, every County, everyone has been challenging them. We have challenged them through our advisory board, through our interactions with State people, we haven't seen a budge on that. I think that after we got the prevalence estimates, I think this is the next issue that has to be addressed.

LEG. FOLEY:

I think what we would need to hear as a committee, through the Chair, is what concrete steps would the department like to see happen on the State level. Then what we can do is to urge the State to make those necessary changes, and I'm sure that you would be submitting your recommendations to -- you should submit them both to this committee next year, whoever is on the committee, and to the County Exec as part of the State Legislative agenda. Okay?

COMMISSIONER BRADLEY:

Right.

LEG. FOLEY:

Thanks.

COMMISSIONER BRADLEY:

Very good. Okay, this just talks about reinvestment and what reinvestment funding has been used for, I don't think I need to go into that.

One point about the Advisory Board in Suffolk County. We feel very strongly that consumers need to play a major role in the planning and the providing of services. And the consumer -- you need to have more and more consumer run programs; I think the State is more actively moving in that direction but Suffolk County really has been doing that for many years.

Reinvestment funding is going to be continuing and these are some of the things that we're going to be using investment funding for. We're going -- we've actually reached out to the police that we'd like to be there available to them when they get called to a situation where

there's likely a mental health patient. We met with them, they're very receptive to it, they have actually asked for training for all of their police officers on these issues so that they can better interact with mental health patients when they encounter them, and often times they say they see the same patient over and over again.

We're actually seeing more and more funding coming out of Albany for mental health services, and I think it's -- a lot of it is in response to advocacy at many different levels. And now that the prevalence estimates are higher for us, we're seeing even more funding than we would have seen if we hadn't made that case. The prevalence change has increased Suffolk's share by approximately 20%, and it's a major victory for Suffolk County. And as I said, we're seeing more money. It's now being allocated over \$5.5 million of additional funds this year and part of that is prevalence, part of that is that the State is putting more monies out to localities for different services.

These are -- with the new funding, these are many of the services that we will be providing. And this is what I already talked about in the area of forensics where we need to do more and we're in the process of doing more; we're going to be, as I said, working at the precinct level with the police officers. There's also a medication grant. Many of the community-based organizations complain that they would get a patient from a jail program -- when you go into the jail you lose your Medicaid, so if you were Medicaid eligible in the jail it's gone and then you need to reapply when you come out, so when people were discharged from the jail they're discharged without Medicaid.

Number one, the agencies didn't get provided, they didn't have insurance so the agencies didn't get funding, and actually Social Services is trying to help with that. But another issue was their medication, so there's now a medication grant, a pot of money so that when these patients are discharged there's money that can be used to provide medications for these patients until they can get on to Medicaid. If they found that they're non Medicaid eligible, then the money cannot be used for them, so this is new money this year. And although things are better, we still have areas where we need more funding and more services. Okay, that's it.

CHAIRPERSON FIELDS:

I would ask that we also -- thank you very much, that was very informative. Can we get copies of that presentation also for the whole committee?

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

Thanks. Okay, let's move on to the agenda, unless anyone has any other questions.

LEG. CRECCA:

Thank you, Commissioner.

COMMISSIONER BRADLEY:

You're very welcome.

#### Tabled Resolutions

CHAIRPERSON FIELDS:

IR 1749-00 (P) - Establishing Safe Haven Policy for the Blind (D'Andre).

LEG. CRECCA:

Motion to table.

CHAIRPERSON FIELDS:

Motion to table by Legislator Crecca.

LEG. CARACAPPA:

Second.

CHAIRPERSON FIELDS:

Second by Legislator Caracappa. All in favor? Opposed? Tabled (Vote: 5-0-0-0).

IR 1916-00 (P) - Implementing purchase of Mobile Veterinarian Clinic (Haley).

LEG. FOLEY:

Motion to table.

CHAIRPERSON FIELDS:

Motion to table by Legislator Foley. Do we have a second?

LEG. CARACAPPA:

Second.

CHAIRPERSON FIELDS:

Legislator Caracappa. All in favor? Opposed? Tabled (Vote: 5-0-0-0).

IR 1919-00 (P) - Establishing Suffolk County Office of HMO Services (Levy).

23

---

LEG. CRECCA:

Motion to approve.

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

And I will second it. Legislator Levy, do you have any --

LEG. CRECCA:

On the motion.

LEG. LEVY:

To be fair to Legislator Crecca, I just told him that the resolution had been amended to go to the Office For the Aging and I thought we had made the deadline, apparently we did not which creates somewhat of a dilemma. Because on the one hand I want to see this go as quickly as possible, on the other hand we have a discrepancy as to where it should be. I know the Commissioner of Health has indicated she does not feel the desire to take this on in her particular department, I was trying to accommodate by placing this in the Office for Aging, it didn't make a difference to me really. But the problem is the clock is ticking here with January 1 quickly approaching, so --

LEG. CRECCA:

Madam --

LEG. LEVY:



Go ahead, I'll defer.

LEG. CRECCA:

Madam Chair. So in other words, the amendment was put in but it didn't get filed in time?

LEG. LEVY:

Right.

LEG. CRECCA:

Counsel, Paul, can we amend the motion here on the floor, I mean, you know, in committee, can we send it out with an amendment?

MR. SABATINO:

The option you have is to discharge without recommendation and then request a Certificate of Necessity on the meeting of November 21st to make the change. The other option is to table it for two weeks because there's only a two week cycle this time, we'll be here again on the 29th and we can make the change.

LEG. CRECCA:

I'm going to withdraw my motion to approve, make a motion to table. I will just go on the record to say I'll be a cosponsor of this bill if we do switch it to the Office of the Aging. I have been working on this recently with Holly-Rhoades up in the Office of the Aging, I think they are the appropriate agency to handle it based on they're the ones who have been really handling it lately in getting the word out to seniors with their options. I know we have a meeting

on Monday here at the Dennison Building for senior citizens and I have been meeting with senior groups about it, too. So I think Office of the Aging is the appropriate place. And again, with a two week cycle, I would withdraw my motion to approve.

LEG. CARACAPPA:

Second the motion to table.

CHAIRPERSON FIELDS:

Legislator Foley?

LEG. FOLEY:

As sponsor of the bill, Legislator Levy, how do you feel about tabling it for one more cycle?

LEG. LEVY:

Well, I don't think we have much choice at this point, unless we were able to get a CN in which case the tabling would be irrelevant. Of course, the big concern is that we get something going as quickly as possible, not so we start everything in action January 1, but rather that we have some plans in place by January 1 so every week is going to be crucial here. I can't argue with, you know, those who want to table it now. I will make a request to the County Executive to see if he would be kind enough to come forth with a CN. Perhaps, and I don't want to put a burden on the committee, but if there's some kind of a sense from within the committee that the committee is in favor of the bill, that might assist us in getting the Certificate of Necessity from the County Executive, I don't know how we would do that, maybe a letter of some sort, but I would leave that to the discretion of the Chair.

But again, you know, we've have I think a very -- in an editorial from Suffolk Life last week that was right on where it basically said what's happening? You know, in their interviews with various officials, everybody seemed to be pointing to the other guy, "oh, someone else is going to take care of this problem," and guess what? Nothing is happening with this and we all know because you're hearing it from your own constituents. There are 35,000 to 50,000 senior citizens out there who are outright terrified as to what's going to happen on January 1. And granted, this should be handled first and foremost on the Federal level, but there are things that we might be able to do to mitigate the collateral damage so to speak. And if there are some steps that we can take let's do it, but let's get this thing rolling immediately so that we're not caught on January 1 in a dilemma where people are really stranded with no place to go. So it's just an opportunity to move forward.

LEG. CARACCILO:

Question.

LEG. FOLEY:

Just to reclaim my time, Madam Chair. As one who has supported this bill from the very beginning, I would hope that we could prevail upon the request of the County Executive to deliver the CN for next Tuesday for the reasons outlined by Legislator Levy. This January 1 deadline is looming and the longer we wait, even though for technical reasons

this would have to be tabled if, in fact, everyone agrees that it should go to Office of Aging, but the way we can overcome that technicality because of the very narrow period of time we have to help the seniors, is to request of the County Executive that he would have a CN prepared and submitted next Tuesday. So I would make a motion that we as a committee on the record here, go on record to recommend -- request rather the County Executive to prepare and draft and submit a CN for next Tuesday. Of course, this would be more of a -- not symbolic, but I think it would give a sense to the County Executive of our seriousness as a committee to move on this immediately, if not for this technical issue of not submitting the amendment in time, the fact of the matter is we would otherwise be able to vote on this on Tuesday. So I would make a motion that a sense of this committee be sent to the County Executive requesting that he prepare a CN on this resolution.

CHAIRPERSON FIELDS:  
Legislator Caracciolo?

LEG. CARACCILOLO:  
Legislative Counsel, could you just summarize the Health Maintenance Organization System and what jurisdiction County government has with respect to the rates that are established for reimbursement and what governmental entities actually have oversight and control of HMO's?

MR. SABATINO:  
Well, the actual structure that's causing the problem right now is coming out of the Federal government. The 1997 Deficit Reduction Act made changes in the reimbursement rates which apparently exceeded even what the sponsor has contemplated. It's those reimbursement rates that are generating the largest part of the problem and that's explicitly federal legislation. The second part of that problem is that apparently in the Federal Health Care Financing Agency which is the arm of the Federal government which implements and enforces the Medicare laws, when they sat down to do the cost formula reimbursement calculations for various communities, Suffolk County somehow wound up with a lower reimbursement rate than even neighboring counties so as Nassau County and New York City. So that is further exacerbating the problem again at the federal level.

There's currently legislation as part of the budgetary process down in Washington that would address at least the first part of that problem which would be the reinstatement of some of those cuts that were made in 1997, but that legislation is caught up in the gridlock in Washington where they can't even adopt a budget in time. So at the threshold, the budgetary and reimbursement items are things that are exclusively within the control of the Federal government in the two categories I described.

In terms of oversight, it really comes down to the degree to which the State or, you know, Federal government wants to exercise its oversight functions over HMO's. That's the whole national debate right now with regard to how far, if at all, legislation should go in terms of regulating HMO's, and it varies from state to state. And the proposals at the Federal level have been tied up again in a gridlock, you can't get a consensus bill to be adopted.

The local role, if there were to be a local role, you know, would be limit to something along the lines of what's being proposed here which would be just to basically, you know, establish an office that would be in a position to try to help senior citizens coordinate, work together, maybe pool their resources to try to have a better negotiating position with HMO's. But we would not be able at the County level to directly impose rates or provide funding.

LEG. LEVY:

May I?

LEG. CARACCILO:

This is not a local problem, this is a national problem. There are discrepancies in rate reimbursements throughout the United States, certainly it's been exacerbated here in Suffolk County compared to, for example, Staten Island which in the Metropolitan, New York area has the highest reimbursement rate, and yet no one, including federal officials who have been before this committee, could explain to us why.

The question I have with respect to the resolution, and maybe Commissioner Bradley can help, is to what extent -- I mean is there a

model, is there an experience somewhere where an entity at the County level is in place that actually has had success in assisting seniors or not?

LEG. LEVY:

Before -- if you wouldn't mind, Mike, before the Commissioner answers, could I first give you an idea of what we're trying to accomplish with this?

LEG. CARACCIOLO:

I read the resolution, I can see what it's trying to accomplish, it says very clearly what it's trying to accomplish.

LEG. LEVY:

Not totally.

LEG. CARACCIOLO:

I want to know is there a model in place or is this some knee-jerk reaction to try to placate a newspaper who's advocating on seniors behalf which we all do all the time, okay, and really isn't going to accomplish a thing. You know, I see enough of this type of legislation in the Suffolk County Legislature that just sounds good, feels good, but really doesn't do a blessed thing.

LEG. LEVY:

Would you suffer an interruption so I can tell you what I'm trying to do?

LEG. CARACCIOLO:

Well, I'd like the Commissioner to answer my question first.

LEG. LEVY:

Okay.

COMMISSIONER BRADLEY:

In terms of Suffolk County, I don't know of such, but I haven't looked into it so I'm not the best person to answer that question. I know about groups coming together and getting a more favorable rate, I

mean, I'm familiar with that practice but I don't know specifics in terms of Suffolk County and Medicare.

LEG. CARACCILOLO:

But is pooling -- and that's what we're talking about.

COMMISSIONER BRADLEY:

Right.

LEG. CARACCILOLO:

Okay? Does County government in the scope of the Federal program, have that ability to pool, to pool resources and bring people together in large numbers and actually negotiate on their behalf with HMO's?

CHAIRPERSON FIELDS:

Legislator Caracciolo, in the bill -- and I think maybe I will ask Legislator Levy to explain it a little bit -- it does say that the purpose would be to work and assist senior citizens.

LEG. CARACCILOLO:

Madam Chair, I read the bill, I know what the bill says. My question simply is is there an experience, is there a model, is there another County that has been successful besides, you know, dealing with the Federal government, to assist seniors and actually pooling rates and helping individuals and counties such as Suffolk that have lower reimbursement rates and therefore have to expend more of their own money for benefits?

COMMISSIONER BRADLEY:

Not that I know of.

LEG. CARACCILOLO:

Okay. Does Legislative Counsel know?

MR. SABATINO:

Not at a County level but there are a whole series of programs, you know, across the country where states are taking action to try to do this precise thing.

LEG. CARACCILOLO:

And I would encourage my colleague, Legislator levy, who will be going to the State Capital as a representative, to introduce legislation there and try to do something as a State law maker. I stand on what I said previously, this is sound good, feel good legislation. And I would like to know before I would consider it whether or not it has the support of the County Executive, and if so on what basis and if he doesn't support it on what basis. Thank you.

CHAIRPERSON FIELDS:

Legislator Levy.

LEG. LEVY:

Thank you. A couple of points. First of all, what I was trying to say before is the goal here is to create a supplement or to fill the gap that presently exists with these other levels of government which, Legislator Caracciolo is absolutely right, has fallen down on the job, they're not doing what they should be doing. Now as far as placating some newspaper out there, I mean, this is something that was first talked about and introduced. I mean, we had a press conference on this I'd say, you know, five months, four months ago, something like that. I mean, there was just an editorial last week, but I think the editorial was on point in that it was saying every level of government seems to be pointing fingers. And I think we're seeing that somewhat today in some of the discussion that's going on here, it's not our job, it's the Federal government's job, go do it on the State level, it's not our problem; well, it is our problem, it's very much our problem. And I don't think it's pandering, I don't think it's placating, I think it's serious, you've got thousands of people who are terrified.

Now, I'm not saying we are going to be able to step in and do the job of the Federal government or do the job of the State government, but there are some things that we possibly could do to assist. And I had in-depth discussions with Budget Review and I've spoken to Phil Bauccio over at Insurance and Risk Management and they're not panaceas, but there is the possibility of trying to take these thousands of displaced people and helping bring them together in a pooling situation to either get discounted premiums, or there's even the legal ability -- and Paul had said that this is proper -- where we might be able to tack on these senior citizens when we as a County buy high volume prescription drugs. Now, is it going to work? I don't know, it might and the point is I want to at least give it a try.

So when I first proposed this to Counsel, I said, "Look, Paul, draft me a resolution that would call upon us to have the County buy the

drugs for the prescription -- for the senior citizens when we buy our high volume drugs for our employees," okay, he said, "Well, don't do it in that sense, create the office that can then evaluate it and find out how we would go about doing that." So we're not trying to put the cart before the horse, but we are at least trying to do something that could fill in these gaps.

And I would state, you know, I saw on News 12 just yesterday or the day before where this Legislature, and I dare say east end Legislators, had the County Legislature involved with Plum Island; we've got nothing to do with Plum Island. Plum Island is regulated by the Federal Government, but we're getting involved because we think our oversight might have some type of influence, hopefully a positive influence. It's not our Bailiwick, it's not our level of government, but we've made it such to an extent that we might be able to assist in the situation; that's what we're trying to do here as well.

And Mr, Chairman, Ms. Chairman, before we wrap up, if I can beg your indulgence, there are three people here who came down, they didn't sign a card, I didn't want to extend this beyond reasonable limits here, but since they did come down if maybe they can just get a

minute, thirty seconds or a minute each to say their peace, that would be appreciated.

CHAIRPERSON FIELDS:

While they're coming up to the microphones, Legislator Caracciolo looks like he wants to say something.

LEG. CARACCIOLO:

Yes. I would like to make that request for a response from the County Executive staff as to what the Executive's position is on this resolution. And if you're not prepared today that's understandable, but certainly before we pass judgment, it would be important to know that.

MS. GODSMAN:

Bonnie Godsman, County Exec's Office. Legislator Caracciolo, can I



have a copy of the -- the corrected copy, because if it wasn't filed in time the County Executive does not have a copy of it as of now.

LEG. LEVY:

Well, just to let you know, it's the same bill as it was before, it's just the corrected copy will say that it's under the jurisdiction --

MS. GODSMAN:

Office of the Aging?

LEG. LEVY:

-- of the Office of the Aging instead of the office -- the Department of Health.

MS. GODSMAN:

Okay. Like I said, I will -- if the committee is in unanimous opinion, I will bring your motion for a CN up to the County Executive; can't guarantee anything, of course, but I will bring it forth.

CHAIRPERSON FIELDS:

The bill number is 1919.

MS. GODSMAN:

Okay.

LEG. CRECCA:

Madam chair? I'm sorry, I don't know if Legislator Caracciolo is done.

LEG. CARACCIOLO:

Oh no, that's fine. The only correction in the bill is Office of Aging, right?

LEG. FOLEY:

Right.

LEG. CARACCIOLO:

Okay.

LEG. CRECCA:

I just wanted to add that I don't necessarily think -- know if we need to do it by CN. It's not that I'm opposed to doing it by CN, but we're talking about such a short cycle here and most of the cutoff dates are November 30th anyway, so they're not going to be able to get this office in place and get it working before November 30th even if we do pass it Tuesday. So I think since we have a meeting December 5th, I don't think a CN is necessarily necessary. I'm not opposed to it, I just don't see the need for a CN.

MS. GODSMAN:

Well, I would be --

CHAIRPERSON FIELDS:

I think in the essence of time for the cutoff of December 31st, I think the quicker we act on anything --

LEG. FOLEY:

Right, exactly.

CHAIRPERSON FIELDS:

-- for our senior citizens the better; there's no purpose in waiting.

MS. GODSMAN:

Well, I don't know if the committee wants to come to a joint decision or if Legislator Levy would like to request on his own.

LEG. LEVY:

I'll make the request on my own but nevertheless, I think it would have a little more impact if there were something from the committee --

LEG. FOLEY:

Sure.

LEG. LEVY:

Because I found it difficult in the past to get CN's.

MS. GODSMAN:

Well, you can discuss amongst yourselves.

LEG. FOLEY:

Thank you.

MS. GODSMAN:

What I would suggest is that Brenda Rosenberg is on vacation this

week, so I would suggest speaking with Janet DeMarzo about it if that's what you --

LEG. FOLEY:

Who, who to speak to Janet?

MR. SABATINO:

There's a third option.

31

---

LEG. FOLEY:

Well, if you stay here for another two minutes, we'll be able to give you the answer that you need --

MS. GODSMAN:

Okay, that's fine.

LEG. FOLEY:

-- so then you can take it to the County Executive's Office.

MS. GODSMAN:

I just want to make sure everyone is on board.

LEG. FOLEY:

Madam chair, could we have a vote then, right now?

CHAIRPERSON FIELDS:

I would second the motion because you made the motion.

LEG. LEVY:

I think Paul mentioned there might be a third option.

MR. SABATINO:

The third option might be just to discharge without recommendation with the condition that it will be tabled pending the correction either by Certificate of Necessity or simply by corrected copy, that would address Legislator Crecca's concern of getting an expression of the committee in a formal vote. By the same token, it wouldn't be a

commitment to adopt it in its present form because you'd be saying on the record that it would be subject either to a CN or a corrected copy to get the appropriate language.

LEG. FOLEY:

Although the preference I think of at least the majority of this committee is that we vote on next Tuesday which would require an CN.

LEG. LEVY:

But it wouldn't preclude us if we discharged it today, it would preclude us from having that come anyway, so it might be a good idea.

LEG. FOLEY:

Okay. So there's a motion to discharge without recommendation?

CHAIRPERSON FIELDS:

There isn't yet. Are you making the motion?

LEG. CARACCILOLO:

Motion to discharge without recommendation.

LEG. FOLEY:

Hearing from the sponsor of the bill, hearing from the sponsor of the bill who has requested at the very least a discharge motion, Madam Chair, I will second the motion to discharge without recommendation for purposes, for purposes of giving time to the County Executive to submit a CN for next Tuesday.

CHAIRPERSON FIELDS:

I will second the motion.

LEG. CARACAPPA:

On the motion.

CHAIRPERSON FIELDS:

Legislator Caracappa.

LEG. FOLEY:

First of all, I don't know why we're --

LEG. CARACAPPA:

I have the floor.

LEG. FOLEY:

-- why we're quibbling about it. I mean, let's get it out there and then we can move on it and it's a very simple request.

CHAIRPERSON FIELDS:

Legislator Caracappa.

LEG. CARACAPPA:

Thank you, Madam Chair. It's not a question of quibbling, Legislator Foley, it's a question of procedure and the rules of this Legislature and how many of the people who sit as members of this committee in the past have hemmed and hawed at extreme length on other bills that they go through the committee process and that they're properly in place and go through the procedures of this Legislature before it's voted on at the floor of the Legislature. We all agree that something needs to be done, whether it be locally or on a federal level on this issue, there's no question about that. But we're not -- we shouldn't just bypass our rules and regulations because this is such an important measure. Even if we do discharge it or if we don't discharge it, we can do a CN regardless, correct; correct, Counsel?

LEG. FOLEY:

Correct, that's correct.

LEG. CARACAPPA:

So why -- you know, the bill didn't make the deadline, that's the bottom line. We can still get a CN and still follow the procedures of this Legislature as members of this committee have so adamantly stuck by in the past and we should on this bill as well.

LEG. FOLEY:

The bill is in committee, it's just that the amended version wasn't sent in.

LEG. CRECCA:

Madam Chair?

CHAIRPERSON FIELDS:

Legislator Crecca.

LEG. CRECCA:

I agree with Legislator Caracappa to the extent that I don't know if it really accomplishes anything. I'm not saying it's a terrible suggestion, but discharging it in an unamended form, you know, certainly we can talk to the County Exec about a possibility of a CN. And again, we're talking about such a short cycle in-between. I'd say we stick to the process and if we can get a CN for Tuesday we get a CN for Tuesday. So again, I withdrew my motion to approve this. I'll make a motion to table it; I think I did that already, but just in case I didn't, and motion to table.

LEG. FOLEY:

Is there a second?

CHAIRPERSON FIELDS:

Is there a second?

LEG. CARACCIOLO:

Motion to what?

CHAIRPERSON FIELDS:

Table.

LEG. CARACAPPA:

Second.

LEG. CARACCIOLO:

Second.

LEG. FOLEY:

It has precedence.

CHAIRPERSON FIELDS:

All in favor?

LEG. CRECCA:

Aye.

CHAIRPERSON FIELDS:

Opposed?

LEG. FOLEY:

Opposed.

CHAIRPERSON FIELDS:

Opposed.

LEG. CARACAPPA:

Two opposed?

CHAIRPERSON FIELDS:

Yeah. The motion to table passes. Tabled (Vote: 3-2-0-0 Opposed: Legislators Fields & Foley).

LEG. FOLEY:

With that said, Madam Chair, could you as a the Chair of the committee prepare at least a letter?

CHAIRPERSON FIELDS:

Yes.

LEG. FOLEY:

I will sign as the co-chair, to request of the County Executive to have a CN ready for next Tuesday?

CHAIRPERSON FIELDS:

Okay.

LEG. FOLEY:

And if there are other members of the committee that wish to sign the letter.

CHAIRPERSON FIELDS:

Okay, thank you.

LEG. CARACAPPA:

Madam chair?

CHAIRPERSON FIELDS:

Legislator Caracappa.

LEG. CARACAPPA:

Thank you. And just to go a step further, I will too include myself to the feelings of this committee, hopefully in a unanimous fashion, to the County Executive and his representative who is here today that we possibly can get a CN and that Legislator Levy's bill can be discussed openly through a CN process as it applies to our rules and regulations of this Legislature and the procedures that we follow on a weekly and monthly and yearly basis. So please add me to that.

CHAIRPERSON FIELDS:

Thank you. Mr. Carpenter.

MR. CARPENTER:

Thank you, Legislator Fields.

LEG. CRECCA:

I just want to go on the record -- I'm sorry, I apologize, sir -- just before we go on to you, I just want to go on the record also joining in requesting the County Executive to issue a CN.

CHAIRPERSON FIELDS:

Okay. Mr. Carpenter.

MR. CARPENTER:

My name is John Carpenter and I belong to the Gray Panthers of Suffolk County and also the Long Island Coalition for National Health Plan.

The objectives of both of these groups are simple, that we should have a universal health care system, but it's pretty obvious that we're not going to get one, not in the near future, probably several years away at a minimum. In the meantime, we have problems in this country and



they emerge from different groups at different times, there's children one day, it's unemployed the next day, right now it happens to be senior citizens. We have stop gap measures, band-aids that come up from time to time which provide a palliative from time to time, but those stopgap measures, something happens to them and they fall apart and you've just seen that happen with HMO's here in Suffolk County as far as senior citizens are concerned.

Now, one of our big problems is bureaucracy and we have just listened to it here at this table, bureaucracy is going fast and hard and what happens is that things get bogged down and things don't happen. Now come January the first, a number of senior citizens will not have prescription drug care, will not be able to get their medications, or they are going -- one-third of the senior citizens will be choosing between paying for their medications or buying their food, that's the bottom line. And at some point, not immediately after January the first but somewhere towards the middle of next year, if nothing has happened, some of these people are going to be suffering either through malnutrition, through not eating properly or through whatever their problem is, they ought to be taking medications for and they won't be getting them. We hear enough cases of this sort of thing happening and it's been going on for years, it's not new and it's time that we did something about it, however that time is not near.

Somehow you are going to be held responsible, I don't know if that's the right word, but people are going to come to you. These people are living in Suffolk County, you will be hearing about it firsthand. And there's no point in you saying next May, June, July that it's not our fault, it belongs to the Federal government, it belongs to the State government; that may be true, but you are the people who are going to be faced with these people with these emergency problems coming up. You're going to hear about it, you'll see articles in the paper that so and so has died unnecessarily; this is over dramatizing probably, but it's the sort of thing that's going to happen. So please do whatever you can do to support Legislator Levy, we need something, we need it as quickly as you can do it. Thank you.

CHAIRPERSON FIELDS:

Thank you, Mr. Carpenter. Mrs. Carpenter.

MRS. CARPENTER:

Hi. My name is Beverly Carpenter and I'm Co-Convener of The Gray Panthers. It is a very important issue, it is something that is definitely needed, and I thank you for considering it. And I hope that Legislator Levy's proposal goes through.

I was speaking to one senior citizen this morning on the phone who is worried about when she's going to die because she doesn't know how

long her meager savings and social security are going to be able to support her, and one of her concerns is about her health. So right now she's -- this morning she's saying to me, "I just hope that I

don't outlive my meager savings." So this is something that you can do to help us and help would be definitely appreciated.

CHAIRPERSON FIELDS:

Thank you.

MS. MULHOLLAND:

My name is blanch Mulholland, I'm also with The Gray Panthers. Speaking as a layperson, I can only agree completely with Mr. And Mrs. Carpenter. What I feel that we have to do, those of us who are non seniors have to extend more empathy to what's going on with seniors because some day we're all going to be in that same boat. I feel that people who criticize Mr. Levy's propositions should come up with something better rather than sit and criticizing him. And that's about all I can say right now. It's -- in this great country and in this great County we have a man over here who's doing the best he can for us, we need more people like him and less criticizers. Thank you.

CHAIRPERSON FIELDS:

Thank you.

IR 1960-00 - Amending THE 2000 Operating Budget and transferring funds for Suffolk County Society for the Prevention of Cruelty to Animals (Levy).

LEG. CARACAPPA:

Motion to defer to prime.

LEG. CRECCA:

Second.

LEG. FOLEY:

Thanks, John.

CHAIRPERSON FIELDS:

All in favor? Opposed? Deferred to prime (Vote: 5-0-0-0).

#### INTRODUCTORY RESOLUTIONS

IR 1985-00 (P) - Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for cost of living increases (County Executive).

LEG. CRECCA:

Motion to approve

LEG. FOLEY:

Motion.

CHAIRPERSON FIELDS:

Motion by Legislator Foley, second by Legislator Crecca. All in favor? Opposed? Approved (Vote: 5-0-0-0).

IR 1986-00 (P) - Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, through Reinvestment VI (County Executive).

LEG. FOLEY:

Motion.

LEG. CRECCA:

Second.

CHAIRPERSON FIELDS:

Motion by Legislator Foley, second -- same motion, same second, same vote. Approved (Vote: 5-0-0-0).

IR 1987-00 (P) - Accepting and appropriating additional 100% grant

funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for FREE Program (County Executive). Same motion, same second, same vote. Approved (Vote: 5-0-0-0).

IR 1988-00 (P) - Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for a transitional Management and Medical Management Program (County Executive). Same motion, same second, same vote. Approved (Vote: 5-0-0-0).

IR 1989-00 (P) - Accepting and appropriating additional 94% Federal grant funds from the New York State Department of Health to the Department of Health for the Childhood Lead Poisoning Prevention Program (County Executive). Same motion, same second, same vote. Approved (Vote: 5-0-0-0).

IR 2028-00 (P) - Adopting Local Law No. 2000, a Local Law defining income for disabled persons on real property tax exemption (County Executive).

LEG. CARACAPPA:  
Motion to table.

CHAIRPERSON FIELDS:  
Motion to table by Legislator Caracappa.

LEG. CARACAPPA:  
Pending a public hearing, correct?

MR. SABATINO:  
Right, table for a public hearing.

LEG. FOLEY:  
Second the motion to table.

CHAIRPERSON FIELDS:  
All in favor? Opposed? Tabled (vote: 5-0-0-0).

## INTRODUCTORY SENSE RESOLUTIONS

Sense 130-2000 - Memorializing Sense Resolution requesting the State of New York to allow disabled workers to buy into the medicaid Program (Fields).

LEG. CARACCIOLO:  
Explanation?

CHAIRPERSON FIELDS:  
Counsel?

LEG. CRECCA:  
Explanation.

MR. SABATINO:  
Well, there's currently a State bill pending which would allow, if adopted, people who are disabled to buy into the Medicaid Program by paying premiums on a sliding fee scale basis, it would be based on your income. So for example if you had income of \$26,000 or less, even though you wouldn't qualify for medicaid under the normal standards based on your disability, you would be able to get in without paying a premium. If you made income about that amount, you would have to pay premiums between \$275 and \$5,000 annually depending on where you fit into that sliding scale.

LEG. CARACCIOLO:  
What is the legislative history of this bill in Albany?

MR. SABATINO:  
It's Senate and Assembly bill sponsorship.

LEG. CARACCIOLO:  
First year introduction or has it been --

MR. SABATINO:  
It's the first year I've seen it.

LEG. CARACCIOLO:  
Okay. Do you know the sponsors?

MR. SABATINO:  
I don't recall.

CHAIRPERSON FIELDS:  
I think it's Lazio.

LEG. CARACCILOLO:  
Motion to approve.

LEG. FOLEY:  
Second.

CHAIRPERSON FIELDS:  
I'll make the second. All in favor? Opposed? APPROVED (VOTE:  
5-0-0-0). Thank you.

39

---

LEG. CARACAPPA:  
Madam Chair, before you adjourn, I would like to make a motion to  
place 1985, 86, 87, 88, on the consent calendar.

LEG. CRECCA:  
Second.

CHAIRPERSON FIELDS:  
Second. All in favor? Opposed?

LEG. CRECCA:  
Actually -- I'm sorry, does that includes 89 or no?

LEG. CARACAPPA:  
No, it's not a hundred percent, it doesn't qualify.

LEG. FOLEY:  
It's 6% local money.

CHAIRPERSON FIELDS:  
Motion to adjourn.

(\*The meeting was adjourned at 11:21 A.M.\*)

Legislator Ginny Fields, Chairperson  
Health Committee

{ } - Denotes Spelled Phonetically

